Attachment E. INSTALLER'S AFFIDAVIT:

New Jersey Housing and Mortgage Finance Agency Low-Income Housing Tax Credit Green Point Solar Hot Water or Water Retainage and Reuse System

> [Name of Installation Company] [Address 1] [Address 2] [Phone] [Fax]

AFFIDAVIT FROM INSTALLER	AFFID	AVIT	FROM	INSTA	LLER
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By: [Name, Title]

[Name of Installation Company]

AFFIDAVI	T FROM INSTALLER	
Project Name	e:	
Location:		
	CERTIFY that within the proposed scope age and reuse system that, to the best of r	e of work for [project name]'s solar hot water or my ability, it will meet the following:
fo s n	or common area needs. If we are in ystem the system must be designed	rs at 100 percent of the hot water demands nstalling a water retainage and reuse ed and installed to meet 100 percent of the s (that is, all toilet flushing and landscaping
Signed this _	day of	, 2013.

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